

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the Accusation
Against:**

PAUL DANIEL CORONA, M.D.

**Physician's and Surgeon's
Certificate No. G69171**

Respondent

Case No. 19-2011-219711

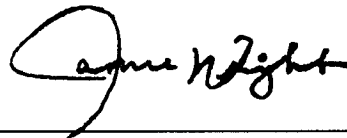
DECISION

**The attached Stipulation is hereby adopted as the Decision and Order of the
Medical Board of California, Department of Consumer Affairs, State of California.**

This Decision shall become effective at 5:00 p.m. on July 31, 2015.

IT IS SO ORDERED: July 2, 2015.

MEDICAL BOARD OF CALIFORNIA



**Jamie Wright, J.D.
Chair, Panel A**

1 KAMALA D. HARRIS
Attorney General of California
2 THOMAS S. LAZAR
Supervising Deputy Attorney General
3 ALEXANDRA M. ALVAREZ
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8 *Attorneys for Complainant*

10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

13 **In the Matter of the Accusation Against:**

Case No. 19-2011-219711

14 **PAUL DANIEL CORONA, M.D.**
15 **27 Agia**
Laguna Niguel, CA 92677

OAH No. 2013090697

16 **Physician's and Surgeon's Certificate No.**
17 **G69171**

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

18 **Respondent.**

19
20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
21 entitled proceedings that the following matters are true:

22 **PARTIES**

23 1. Kimberly Kirchmeyer ("Complainant") is the Executive Director of the Medical
24 Board of California. She brought this action solely in her official capacity and is represented in
25 this matter by Kamala D. Harris, Attorney General of the State of California, by Alexandra M.
26 Alvarez, Deputy Attorney General.

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2. Respondent Paul Daniel Corona, M.D. (“Respondent”) is represented in this proceeding by attorney Ronald Talmo, Esq., whose address is: 1202 S. Ross Street, Santa Ana, CA 92707.

3. On or about July 16, 1990, the Medical Board of California issued Physician's and Surgeon's Certificate No. G69171 to respondent Paul Daniel Corona, M.D. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 19-2011-219711 and will expire on March 31, 2016, unless renewed.

JURISDICTION

4. On August 1, 2013, Accusation No. 19-2011-219711 was filed before the Medical Board of California (Board), Department of Consumer Affairs, and is currently pending against respondent. A true and correct copy of Accusation No. 19-2011-219711 and all other statutorily required documents were properly served on respondent on August 1, 2013. Respondent timely filed his Notice of Defense contesting the Accusation. A true and correct copy of Accusation No. 19-2011-219711 is attached hereto as Exhibit A and incorporated by reference as if fully set forth herein.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 19-2011-219711. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws, , having been fully advised of same by his attorney of record, Ronald Talmo, Esq.

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7. Having the benefit of counsel, respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

8. Respondent does not contest that, at an administrative hearing, complainant could establish a *prima facie* case with respect to the charges and allegations in Accusation No. 19-2011-219711, a true and correct copy of which is attached hereto as Exhibit “A,” and that he has thereby subjected his Physician’s and Surgeon’s Certificate No. G69171 to disciplinary action. Respondent further agrees to be bound by the Board’s imposition of discipline as set forth in the Disciplinary Order below.

9. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Medical Board of California, all of the charges and allegations contained in Accusation No. 19-2011-219711 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving respondent in the State of California.

CONTINGENCY

10. The parties agree that this Stipulated Settlement and Disciplinary Order shall be submitted to the Board for its consideration in the above-entitled matter and, further, that the Board shall have a reasonable period of time in which to consider and act on this Stipulated Settlement and Disciplinary Order after receiving it. By signing this stipulation, respondent fully understands and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the time the Board considers and acts upon it.

11. The parties agree that this Stipulated Settlement and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Settlement and Disciplinary Order, the Board may receive oral and written communications from its staff and/or the Attorney General's office. Communications pursuant to this paragraph shall not disqualify the Board, any member thereof, and/or any other person from future participation in this or any other

1 matter affecting or involving respondent. In the event that the Board, in its discretion, does not
2 approve and adopt this Stipulated Settlement and Disciplinary Order, with the exception of this
3 paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and shall
4 not be relied upon or introduced in any disciplinary action by either party hereto. Respondent
5 further agrees that should the Board reject this Stipulated Settlement and Disciplinary Order for
6 any reason, respondent will assert no claim that the Board, or any member thereof, was
7 prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Settlement and
8 Disciplinary Order or of any matter or matters related hereto.

9 **ADDITIONAL PROVISIONS**

10 12. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to
11 be an integrated writing representing the complete, final and exclusive embodiment of the
12 agreements of the parties in the above-entitled matter.

13 13. The parties agree that copies of this Stipulated Settlement and Disciplinary Order,
14 including copies of the signatures of the parties, may be used in lieu of original documents and
15 signatures and, further, that such copies and signatures shall have the same force and effect as
16 originals.

17 14. In consideration of the foregoing admissions and stipulations, the parties agree the
18 Board may, without further notice to or opportunity to be heard by respondent, issue and enter the
19 following Disciplinary Order:

20 **DISCIPLINARY ORDER**

21 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G69171 issued
22 to Respondent Paul Daniel Corona, M.D. (respondent) is revoked. However, the revocation is
23 stayed and respondent is placed on probation for five (5) years from the effective date of the
24 Decision on the following terms and conditions.:

25 1. **EDUCATION COURSE.**

26 Within 60 calendar days of the effective date of this Decision, and on an annual basis
27 thereafter, respondent shall submit to the Board or its designee for its prior approval educational
28 program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation.

1 The educational program(s) or course(s) shall be aimed at correcting any areas of deficient
2 practice or knowledge and shall be Category I certified. The educational program(s) or course(s)
3 shall be at respondent's expense and shall be in addition to the Continuing Medical Education
4 (CME) requirements for renewal of licensure. Following the completion of each course, the
5 Board or its designee may administer an examination to test respondent's knowledge of the
6 course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours
7 were in satisfaction of this condition.

8 2. PREScribing PRACTICES COURSE.

9 Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a
10 course in prescribing practices equivalent to the Prescribing Practices Course at the Physician
11 Assessment and Clinical Education Program, University of California, San Diego School of
12 Medicine (Program), approved in advance by the Board or its designee. Respondent shall provide
13 the program with any information and documents that the Program may deem pertinent.
14 Respondent shall participate in and successfully complete the classroom component of the course
15 not later than six (6) months after respondent's initial enrollment. Respondent shall successfully
16 complete any other component of the course within one (1) year of enrollment. The prescribing
17 practices course shall be at respondent's expense and shall be in addition to the Continuing
18 Medical Education (CME) requirements for renewal of licensure.

19 A prescribing practices course taken after the acts that gave rise to the charges in the
20 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
21 or its designee, be accepted towards the fulfillment of this condition if the course would have
22 been approved by the Board or its designee had the course been taken after the effective date of
23 this Decision.

24 Respondent shall submit a certification of successful completion to the Board or its
25 designee not later than 15 calendar days after successfully completing the course, or not later than
26 15 calendar days after the effective date of the Decision, whichever is later.

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1 3. MEDICAL RECORD KEEPING COURSE.

2 Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a
3 course in medical record keeping equivalent to the Medical Record Keeping Course offered by
4 the Physician Assessment and Clinical Education Program, University of California, San Diego
5 School of Medicine (Program), approved in advance by the Board or its designee. Respondent
6 shall provide the program with any information and documents that the Program may deem
7 pertinent. Respondent shall participate in and successfully complete the classroom component of
8 the course not later than six (6) months after respondent's initial enrollment. Respondent shall
9 successfully complete any other component of the course within one (1) year of enrollment. The
10 medical record keeping course shall be at respondent's expense and shall be in addition to the
11 Continuing Medical Education (CME) requirements for renewal of licensure.

12 A medical record keeping course taken after the acts that gave rise to the charges in the
13 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
14 or its designee, be accepted towards the fulfillment of this condition if the course would have
15 been approved by the Board or its designee had the course been taken after the effective date of
16 this Decision.

17 Respondent shall submit a certification of successful completion to the Board or its
18 designee not later than 15 calendar days after successfully completing the course, or not later than
19 15 calendar days after the effective date of the Decision, whichever is later.

20 4. PROFESSIONALISM PROGRAM (ETHICS COURSE).

21 Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a
22 professionalism program, that meets the requirements of Title 16, California Code of Regulations
23 (CCR) section 1358. Respondent shall participate in and successfully complete that program.
24 Respondent shall provide any information and documents that the program may deem pertinent.
25 Respondent shall successfully complete the classroom component of the program not later than
26 six (6) months after respondent's initial enrollment, and the longitudinal component of the
27 program not later than the time specified by the program, but no later than one (1) year after
28 attending the classroom component. The professionalism program shall be at respondent's

1 expense and shall be in addition to the Continuing Medical Education (CME) requirements for
2 renewal of licensure.

3 A professionalism program taken after the acts that gave rise to the charges in the
4 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
5 or its designee, be accepted towards the fulfillment of this condition if the program would have
6 been approved by the Board or its designee had the program been taken after the effective date of
7 this Decision.

8 Respondent shall submit a certification of successful completion to the Board or its
9 designee not later than 15 calendar days after successfully completing the program or not later
10 than 15 calendar days after the effective date of the Decision, whichever is later.

11 5. CLINICAL TRAINING PROGRAM:

12 Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a
13 clinical training or educational program equivalent to the Physician Assessment and
14 Clinical Education Program (PACE) offered at the University of California - San Diego School of
15 Medicine ("Program"). Respondent shall successfully complete the Program not later than six (6)
16 months after respondent's initial enrollment unless the Board or its designee agrees in writing to
17 an extension of that time.

18 The Program shall consist of a Comprehensive Assessment program comprised of a two-
19 day assessment of respondent's physical and mental health; basic clinical and communication
20 skills common to all clinicians; and medical knowledge, skill and judgment pertaining to
21 respondent's area of practice in which respondent was alleged to be deficient, and at minimum, a
22 40 hour program of clinical education in the area of practice in which respondent was alleged to
23 be deficient and which takes into account data obtained from the assessment, Decision(s),
24 Accusation(s), and any other information that the Board or its designee deems relevant.
25 Respondent shall pay all expenses associated with the clinical training program.

26 Based on respondent's performance and test results in the assessment and clinical
27 education, the Program will advise the Board or its designee of its recommendation(s) for the
28 scope and length of any additional educational or clinical training, treatment for any medical

1 condition, treatment for any psychological condition, or anything else affecting respondent's
2 practice of medicine. Respondent shall comply with Program recommendations.

3 At the completion of any additional educational or clinical training, respondent shall submit
4 to and pass an examination. Determination as to whether respondent successfully completed the
5 examination or successfully completed the program is solely within the program's jurisdiction.

6 If respondent fails to enroll, participate in, or successfully complete the clinical training
7 program within the designated time period, respondent shall receive a notification from the Board
8 or its designee to cease the practice of medicine within three (3) calendar days after being so
9 notified. The respondent shall not resume the practice of medicine until enrollment or
10 participation in the outstanding portions of the clinical training program have been completed. If
11 the respondent did not successfully complete the clinical training program, the respondent shall
12 not resume the practice of medicine until a final decision has been rendered on the accusation
13 and/or a petition to revoke probation. The cessation of practice shall not apply to the reduction of
14 the probationary time period.]

15 6. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this
16 Decision, respondent shall submit to the Board or its designee for prior approval as a practice
17 monitor, the name and qualifications of one or more licensed physicians and surgeons whose
18 licenses are valid and in good standing, and who are preferably American Board of Medical
19 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
20 relationship with respondent, or other relationship that could reasonably be expected to
21 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
22 but not limited to any form of bartering, shall be in respondent's field of practice, and must agree
23 to serve as respondent's monitor. Respondent shall pay all monitoring costs.

24 The Board or its designee shall provide the approved monitor with copies of the Decision
25 and Accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of the
26 Decision, Accusation, and proposed monitoring plan, the monitor shall submit a signed statement
27 that the monitor has read the Decision and Accusation, fully understands the role of a monitor,
28 and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the

1 proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed
2 statement for approval by the Board or its designee.

3 Within 60 calendar days of the effective date of this Decision, and continuing throughout
4 probation, respondent's practice shall be monitored by the approved monitor. Respondent shall
5 make all records available for immediate inspection and copying on the premises by the monitor
6 at all times during business hours and shall retain the records for the entire term of probation.

7 If respondent fails to obtain approval of a monitor within 60 calendar days of the effective
8 date of this Decision, respondent shall receive a notification from the Board or its designee to
9 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
10 shall cease the practice of medicine until a monitor is approved to provide monitoring
11 responsibility.

12 The monitor(s) shall submit a quarterly written report to the Board or its designee which
13 includes an evaluation of respondent's performance, indicating whether respondent's practices are
14 within the standards of practice of practice, and whether respondent is practicing medicine safely,
15 billing appropriately or both. It shall be the sole responsibility of respondent to ensure that the
16 monitor submits the quarterly written reports to the Board or its designee within 10 calendar days
17 after the end of the preceding quarter.

18 If the monitor resigns or is no longer available, respondent shall, within 5 calendar days of
19 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
20 name and qualifications of a replacement monitor who will be assuming that responsibility within
21 15 calendar days. If respondent fails to obtain approval of a replacement monitor within 60
22 calendar days of the resignation or unavailability of the monitor, respondent shall receive a
23 notification from the Board or its designee to cease the practice of medicine within three (3)
24 calendar days after being so notified respondent shall cease the practice of medicine until a
25 replacement monitor is approved and assumes monitoring responsibility.

26 In lieu of a monitor, respondent may participate in a professional enhancement program
27 equivalent to the one offered by the Physician Assessment and Clinical Education Program at the
28 University of California, San Diego School of Medicine, that includes, at minimum, quarterly

1 chart review, semi-annual practice assessment, and semi-annual review of professional growth
2 and education. Respondent shall participate in the professional enhancement program at
3 respondent's expense during the term of probation.

4 7. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
5 respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
6 Chief Executive Officer at every hospital where privileges or membership are extended to
7 respondent, at any other facility where respondent engages in the practice of medicine, including
8 all physician and locum tenens registries or other similar agencies, and to the Chief Executive
9 Officer at every insurance carrier which extends malpractice insurance coverage to respondent.
10 Respondent shall submit proof of compliance to the Board or its designee within 15 calendar
11 days.

12 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

13 8. SUPERVISION OF PHYSICIAN ASSISTANTS.

14 During probation, respondent is prohibited from supervising physician assistants.

15 9. OBEY ALL LAWS.

16 Respondent shall obey all federal, state and local laws, all rules governing the practice of
17 medicine in California and remain in full compliance with any court ordered criminal probation,
18 payments, and other orders.

19 10. QUARTERLY DECLARATIONS.

20 Respondent shall submit quarterly declarations under penalty of perjury on forms provided
21 by the Board, stating whether there has been compliance with all the conditions of probation.

22 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
23 of the preceding quarter.

24 11. GENERAL PROBATION REQUIREMENTS.

25 Compliance with Probation Unit

26 Respondent shall comply with the Board's probation unit and all terms and conditions of
27 this Decision.

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1 Address Changes

2 Respondent shall, at all times, keep the Board informed of respondent's business and
3 residence addresses, email address (if available), and telephone number. Changes of such
4 addresses shall be immediately communicated in writing to the Board or its designee. Under no
5 circumstances shall a post office box serve as an address of record, except as allowed by Business
6 and Professions Code section 2021(b).

7 Place of Practice

8 Respondent shall not engage in the practice of medicine in respondent's or patient's place
9 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
10 facility.

11 License Renewal

12 Respondent shall maintain a current and renewed California physician's and surgeon's
13 license.

14 Travel or Residence Outside California

15 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
16 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
17 (30) calendar days.

18 In the event respondent should leave the State of California to reside or to practice
19 respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
20 departure and return.

21 12. INTERVIEW WITH THE BOARD OR ITS DESIGNEE.

22 Respondent shall be available in person upon request for interviews either at respondent's
23 place of business or at the probation unit office, with or without prior notice throughout the term
24 of probation.

25 13. NON-PRACTICE WHILE ON PROBATION.

26 Respondent shall notify the Board or its designee in writing within 15 calendar days of any
27 periods of non-practice lasting more than 30 calendar days and within 15 calendar days of
28 respondent's return to practice. Non-practice is defined as any period of time respondent is not

1 practicing medicine in California as defined in Business and Professions Code sections 2051 and
2 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching,
3 or other activity as approved by the Board. All time spent in an intensive training program which
4 has been approved by the Board or its designee shall not be considered non-practice. Practicing
5 medicine in another state of the United States or Federal jurisdiction while on probation with the
6 medical licensing authority of that state or jurisdiction shall not be considered non-practice. A
7 Board-ordered suspension of practice shall not be considered as a period of non-practice.

8 In the event respondent's period of non-practice while on probation exceeds 18 calendar
9 months, respondent shall successfully complete a clinical training program that meets the criteria
10 of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and
11 Disciplinary Guidelines" prior to resuming the practice of medicine.

12 Respondent's period of non-practice while on probation shall not exceed two (2) years.

13 Periods of non-practice will not apply to the reduction of the probationary term.

14 Periods of non-practice will relieve respondent of the responsibility to comply with the
15 probationary terms and conditions with the exception of this condition and the following terms
16 and conditions of probation: Obey All Laws; and General Probation Requirements.

17 14. COMPLETION OF PROBATION.

18 Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not
19 later than 120 calendar days prior to the completion of probation. Upon successful completion of
20 probation, respondent's certificate shall be fully restored.

21 15. VIOLATION OF PROBATION.

22 Failure to fully comply with any term or condition of probation is a violation of probation.
23 If respondent violates probation in any respect, the Board, after giving respondent notice and the
24 opportunity to be heard, may revoke probation and carry out the disciplinary order that was
25 stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed
26 against respondent during probation, the Board shall have continuing jurisdiction until the matter
27 is final, and the period of probation shall be extended until the matter is final.

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16. LICENSE SURRENDER.

Following the effective date of this Decision, if respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, respondent may request to surrender his or her license. The Board reserves the right to evaluate respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, respondent shall within 15 calendar days deliver respondent's wallet and wall certificate to the Board or its designee and respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

17. PROBATION MONITORING COSTS.

Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Ronald Talmo, Esq. I fully understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. G69171. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

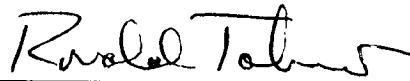
DATED: 4/16/15

[Signature]

| | |
|--|--|
| PAUL DANIEL CORONA, M.D. RESPONDENT | |
|--|--|

1 I have read and fully discussed with respondent Paul Daniel Corona, M.D., the terms and
2 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
3 I approve its form and content.

4 DATED: 4/24/15


RONALD TALMO, ESQ.
Attorney for Respondent


6
7 **ENDORSEMENT**

8 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
9 submitted for consideration by the Medical Board of California.

10 Dated: 4/23/15

Respectfully submitted,

11
12 KAMALA D. HARRIS
Attorney General of California
13 THOMAS S. LAZAR
Supervising Deputy Attorney General

14 
15 ALEXANDRA M. ALVAREZ
16 Deputy Attorney General
17 Attorneys for Complainant

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19 SD2013705259
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Exhibit A

Accusation No. 19-2011-219711

KAMALA D. HARRIS
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Attorneys for Complainant

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

Case No. 19-2011-219711

PAUL DANIEL CORONA, M.D.
27 Agia
Laguna Niguel, CA 92677

A C C U S A T I O N

**Physician's and Surgeon's Certificate
No. G69171**

Respondent.

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official capacity as the Interim Executive Director of the Medical Board of California, Department of Consumer Affairs.

2. On or about July 16, 1990, the Medical Board of California issued Physician's and Surgeon's Certificate No. G69171 to Paul Daniel Corona, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on March 31, 2014, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Medical Board of California (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, be publicly reprimanded and ordered to complete relevant educational course, or have such other action taken in relation to discipline as the Board or an administrative law judge deems proper.

5. Section 2234 of the Code, states:

“The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

“... ”

“(b) Gross negligence.

“(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

“(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

“(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

“... ”

6. Section 2242 of the Code states:

“(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and a medical indication, constitutes unprofessional conduct.

“ ”
 . . .

7. Section 2266 of the Code states: “The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.”

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

8. Respondent has subjected his Physician's and Surgeon's Certificate No. G69171 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he was grossly negligent in his care and treatment of patients J.J., S.W., M.P., M.B., and A.S., as more particularly alleged hereinafter:

Patient J.J.

A. On or about August 10, 2006, patient J.J. saw her primary care physician, J.B. (Dr. J.B.), for a cough. Dr. J.B. prescribed Advair¹ to patient J.J.

B. On or about August 15, 2006, patient J.J. saw Dr. J.B. for possible psychosis. Dr. J.B. referred patient J.J. to respondent on an urgent basis for a psychiatric evaluation.

C. On or about August 17, 2006, patient J.J. saw respondent for a psychiatric evaluation. Patient J.J. presented to the office visit with her daughter. Respondent noted that patient J.J. was irrational and occasionally heard her “subconscious.” Patient J.J. reported that she had poor sleep for years and was prescribed Ambien,² but it did not work. Respondent noted that patient J.J. was

¹ Advair contains fluticasone, a steroid, and salmeterol and is used to prevent asthma attacks. It is a drug which is known to have psychiatric sequelae, including mania and psychosis.

² Ambien is a brand name for zolpidem, a Schedule IV controlled substance pursuant to (continued...)

1 fragmented in her speech and it was difficult to keep her on topic. Patient J.J.
2 reported that another physician had diagnosed her with bipolar disorder and had
3 prescribed her Paxil³ that did not help her. Patient J.J. reported that she got manic
4 more than anything else. She took Xanax⁴ on an as needed basis. Respondent did
5 not note any suicidal ideation. Respondent's plan was to start patient J.J. on
6 Seroquel⁵ at a low dose. He also noted that he would consider prescribing patient
7 J.J. Wellbutrin at a later date, although he provided patient J.J. with samples.

8 C. In patient J.J.'s August 17, 2006, office note, respondent did not detail a
9 history of patient J.J.'s hearing her subconscious and fragmented speech. He did
10 not take any history of whether patient J.J. actually had a bipolar, manic, or
11 hypomanic episode. Respondent did not take any history regarding the frequency
12 that patient J.J. took Xanax, Ambien, and Advair. He gave patient J.J. samples of
13 Wellbutrin,⁶ but did not document it in the office note. Respondent did not note
14 patient J.J.'s past psychiatric history, including past hospitalizations, past
15 treatment, past psychotherapies, or past suicide attempts. There is no mental status
16 examination or diagnosis noted.

17 D. Patient J.J.'s August 17, 2006, office note is not adequate or accurate in
18 that it is illegible and incomplete.

19
20 Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to
21 Business and Professions Code section 4022. It is a sedative used for the short-term treatment of
insomnia.

22 ³ Paxil (paroxetine) is an antidepressant in a group of drugs called selective serotonin
23 reuptake inhibitors. It is used to treat depression, obsessive-compulsive disorder, anxiety
disorders, post-traumatic stress disorder, and premenstrual dysphoric disorder.

24 ⁴ Xanax is a brand name for alprazolam (a benzodiazepine), a Schedule IV controlled
25 substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous
drug pursuant to Business and Professions Code section 4022.

26 ⁵ Seroquel (quetiapine) is an antipsychotic medicine and is used to treat schizophrenia.

27 ⁶ Wellbutrin (bupropion) is an antidepressant medication and is used to treat depression.

1 E. Respondent committed gross negligence in his care and treatment of
2 patient J.J. which included, but was not limited to, the following:

3 1. Paragraphs 8A through 8D, above, are hereby incorporated by reference
4 as if fully set forth herein;

5 2. Failing to perform a complete psychiatric examination, history, past
6 history, mental status examination and conclusion on patient J.J.; and

7 3. Failing to maintain adequate and accurate records regarding his care and
8 treatment of patient J.J.

9 Patient S.W.

10 F. From or about 2006, patient S.W. had been an ongoing patient with
11 A.C.S. in Springfield, Virginia, and was being treated for schizoaffective disorder.
12 In or about late 2011, patient S.W., who resided in Virginia, was urged by her
13 sister, W.C., to seek a second opinion because W.C. thought patient S.W. was
14 overmedicated.

15 G. In or about October 2011, respondent requested and received a copy of
16 patient S.W.'s treatment records from A.C.S., prior to initiating telephonic
17 consultations with her. Respondent did not document a complete present history, a
18 past history, a mental status examination, and a diagnostic impression and
19 treatment plan. Respondent is not licensed in Virginia.

20 H. On or about October 7, 2011, respondent called patient S.W. by
21 telephone and conducted a telephonic consultation. Respondent assessed patient
22 S.W.'s medications and recommended lowering her dose of Geodon⁷ and
23 Klonopin.⁸ He telephoned in a prescription for patient S.W. to a pharmacy in
24

25 ⁷ Geodon (ziprasidone) is an antipsychotic medication and is used to treat schizophrenia
and the manic symptoms of bipolar disorder.

26 ⁸ Klonopin (clonazepam) is a Schedule IV controlled substance pursuant to Health and
27 Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and
28 Professions Code section 4022. It is an anti-anxiety medication in the benzodiazepine family.

1 Virginia for Lamictal, which was to be started at 25 mg per day and increased to
2 100 mg per day over a month.

3 I. On or about November 9, 2011, respondent called patient S.W. by
4 telephone and conducted a telephonic consultation. Patient S.W. reported that she
5 felt better with the medication changes. Respondent telephoned in another
6 prescription for patient S.W. to a pharmacy in Virginia for Lamictal⁹ 100 mg per
7 day.

8 J. Respondent's medical records for patient S.W. are not adequate or
9 accurate in that they are illegible and incomplete.

10 K. Respondent committed gross negligence in his care and treatment of
11 patient S.W., which included, but was not limited to, the following:

12 1. Paragraphs 8F through 8J, above, are hereby incorporated by reference
13 as if fully set forth herein;

14 2. Failing to perform a complete psychiatric examination, history, past
15 history, mental status examination and conclusion on patient S.W.; and

16 3. Failing to maintain adequate and accurate records regarding his care and
17 treatment of patient S.W.

18 Patient M.P.

19 L. Between on or about May 2006, and April 19, 2012, patient M.P. saw
20 respondent for a history of anxiety and depression. Respondent saw patient M.P.
21 for approximately 20 office visits.

22 M. Respondent's medical records for patient M.P. are not adequate or
23 accurate in that they are illegible.

24 N. Respondent committed gross negligence in his care and treatment of
25 patient M.P., which included, but was not limited to, the following:

26
27 ⁹ Lamictal (lamotrigine) is an anti-epileptic medication, which may also be used to treat
28 bipolar disorder (manic depression).

1 1. Paragraphs 8L through 8M, above, are hereby incorporated by reference
2 as if fully set forth herein; and

3 2. Failing to maintain adequate and accurate records regarding his care and
4 treatment of patient M.P.

5 Patient M.B.

6 O. Between on or about August 30, 2007, and May 3, 2012, patient M.B.
7 saw respondent for a history of depression and weight gain. Respondent saw
8 patient M.B. for approximately ten (10) office visits.

9 P. Respondent's medical records for patient M.B. are not adequate or
10 accurate in that they are illegible.

11 Q. Respondent committed gross negligence in his care and treatment of
12 patient M.B., which included, but was not limited to, the following:

13 1. Paragraphs 8O through 8P, above, are hereby incorporated by reference
14 as if fully set forth herein; and

15 2. Failing to maintain adequate and accurate records regarding his care and
16 treatment of patient M.B.

17 Patient A.S.

18 R. Between on or about October 20, 2010, and February 27, 2012, patient
19 A.S. saw respondent for insomnia. Respondent saw patient A.S. for approximately
20 nine (9) office visits.

21 S. Respondent's medical records for patient A.S. are not adequate or
22 accurate in that they are illegible.

23 T. Respondent committed gross negligence in his care and treatment of
24 patient A.S., which included, but was not limited to, the following:

25 1. Paragraphs 8R through 8S, above, are hereby incorporated by reference
26 as if fully set forth herein; and

27 2. Failing to maintain adequate and accurate records regarding his care and
28 treatment of patient A.S.

1 **SECOND CAUSE FOR DISCIPLINE**

2 **(Repeated Negligent Acts)**

3 9. Respondent has further subjected his Physician's and Surgeon's Certificate No.
4 G69171 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
5 subdivision (c), of the Code, in that he was repeatedly negligent in his care and treatment of
6 patients J.J., S.W., M.P., M.B., and A.S., as more particularly alleged in paragraph 8, above, and
7 which is hereby incorporated by reference as if fully set forth.

8 **THIRD CAUSE FOR DISCIPLINE**

9 **(Prescribing Without an Appropriate Prior Examination)**

10 10. Respondent has further subjected his Physician's and Surgeon's Certificate
11 No. G69171 to disciplinary action under sections 2227 and 2234, as defined by section
12 2242, of the Code, in that he prescribed, dispensed, or furnished dangerous drugs as
13 defined in section 4022 without an appropriate prior examination and a medical
14 indication, in his care and treatment of patient S.W., as more particularly alleged in
15 paragraph 8, above, and which is hereby incorporated by reference as if fully set forth.

16 **FOURTH CAUSE FOR DISCIPLINE**

17 **(Failure to Maintain Adequate and Accurate Records)**

18 11. Respondent has further subjected his Physician's and Surgeon's Certificate No.
19 G69171 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the
20 Code, in that failed to maintain adequate and accurate records regarding his care and treatment of
21 patients J.J., S.W., M.P., M.B., and A.S., as more particularly alleged in paragraph 8, above,
22 which is hereby incorporated by reference as if fully set forth herein.

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1 **PRAYER**

2 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
3 and that following the hearing, the Medical Board of California issue a decision:

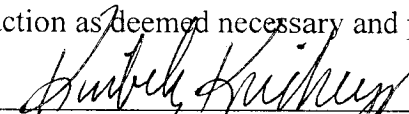
4 1. Revoking or suspending Physician's and Surgeon's Certificate No. G69171, issued to
5 respondent Paul Daniel Corona, M.D.;

6 2. Revoking, suspending or denying approval of respondent Paul Daniel Corona, M.D.'s
7 authority to supervise physician assistants, pursuant to section 3527 of the Code;

8 3. Ordering respondent Paul Daniel Corona, M.D., to pay the Medical Board of
9 California, if placed on probation, the costs of probation monitoring; and

10 4. Taking such other and further action as deemed necessary and proper.

11 DATED: August 1, 2013


KIMBERLY KIRCHMEYER
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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